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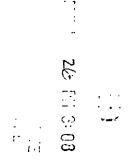
(R	Requestor's Name)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
	,	
(D	ocument Number)	 .
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
	TOR ENTERPRISE LLC		
NODIECT.	Name of Li	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	KEVIN VELAZQUEZ		
	 · -	Name of Person	
		Firm/Company	Name of Person Firm Company Address YState and Zip Code TMAIL COM sed for future annual report notification) 305
	90 SOUTH DR		
	MIAMI FL 33166	Address	
	ACCOUNTINGEXPRESS	City'State and Zip Code	
			fication)
For further information of	oncerning this matter, please c	all:	
KEVIN VELAZQUEZ			
Name o	t Person	Area Code Daytim	e Telephone Number
Enclosed is a check for a	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	• •	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration 5			
Division of C		Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	
Tallahassee, I	FL 32314		Street Suite 840

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SA CREATOR ENTERPRISE LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/20/2021	and assigned
Florida document number $\frac{1.21000235113}{2.21000235113}$.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Momentum Network Financial LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:	90 SOUTH DR	
Principal office address MUST BE A STREET ADDRESS)	MIAMI SPRINGS FL 33166	
		:
		-
Inter new mailing address, if applicable:	90 SOUTH DR	32
Mailing address MAY BE A POST OFFICE BON)	MIAMI SPRINGS FL 33166	चु ।
		co ·
	i	08
3. If amending the registered agent and/or registered office:	iddress on our records, <u>enter the n</u> :	ime of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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			,	08/20/202-	1					
Effective	date, if other to	han the date	of filing:	,187201202-				(optional)	
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ord is tiled.										,
Dated 08/	/20/2024									
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Typed or printed name of signee